

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :	Johnson et al.) Customer No. : 21378
)
Serial No:	10/805,864) Docket No. : A-3061-AL
)
Filed:	March 22, 2004)
)
Title: SURGICAL ACCESS PORT AND)
METHOD OF USING SAME)
)
)

Date of Electronic Filing: 4-7-06

Dear Sir/Madam:

Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Power of Attorney to Prosecute Applications Before the USPTO;
2. Statement Under 37 CFR 3.73(b); and,
3. Transmittal.

Respectfully submitted,



Rosanne Henahan
Applied Medical Resources

CUSTOMER NO.: 21378

Telephone: (949) 713-8000

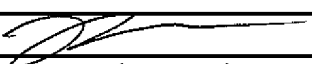
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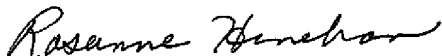
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/805 864	
	Filing Date	March 22, 2004	
	First Named Inventor	Gary M. Johnson	
	Art Unit	3763	
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	A-3061-AL

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks <input type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Patrick Y. Ikehara
Signature	
Date	4-7-06

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile ^{electronically} transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Typed or printed name	Rosanne Henehan		
Signature		Date	4-7-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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